

through the pages of approved text-books. The only claim set up for the present *Conspectus* is, a careful compilation of the generally received facts and doctrines in each of the branches of medical science embraced in it, and as close a condensation of the matter thus made use of, as was consistent with entire clearness and definiteness. The aim of the author, he assures us, has been, throughout the entire work, to secure both accuracy and lucidity in all its teachings, combined with as near an approach to completeness as the limits of his plan would admit, and this aim, it cannot be denied, he has succeeded in most successfully carrying out.

Dr. Hartshorne tells us, in his preface, "that in regard to authorship, the name upon the title page might be rather announced as that of the *editor* than of the writer of the work; since only three of the seven parts or manuals it comprises have been prepared by his hand; namely, those upon anatomy, physiology, and practice of medicine." The preparation of the others was intrusted to gentlemen whose special studies gave reason for confidence in their execution of the task in each case to the best advantage of the student."

D. F. C.

ART. XL.—*Outlines of Comparative Anatomy and Medical Zoology.* By HARRISON ALLEN, M.D., Prof. of Zoology and Comp. Anatomy in the University of Pennsylvania. 8vo. pp. 190. Philadelphia: J. B. Lippincott & Co., 1869.

THIS is a good compendium and useful guide to a course of lectures on the subjects therein treated. The leading facts in the Comparative Anatomy of Animals are so clearly, accurately, and concisely stated that the work will not only prove valuable for the readiness with which information is communicated, but also to remind one of that which may be forgotten. The classification adopted by the author appears to us to be in accordance with the present state of knowledge, both in its lesser and greater divisions. Taking into consideration the vastness of the science, its multitude and variety of facts, which have been taken into view in the preparation of the work, it is remarkably free from important errors. The portion on Medical Zoology is in more detail than the previous portion of the work, and must prove of interest to the medical student and physician. Nearly all animals having any reference to medical science are described. We recommend the book not only to medical students and practitioners, but also to those who are interested in natural history, and wish for more information than the general appearance, classification, and habits of animals.

J. L.

ART. XLI.—*An Essay on the Ligation and Management of the Umbilical Cord at Childbirth.* By A. F. A. KING, M.D., etc. etc. 8vo. pp. 37. Washington, D. C., 1867.

IN this essay Dr. K. strongly opposes the plan of ligating the cord, and the usual method of dressing the umbilicus in the new-born infant. After a very full exposition of the reasons which have led him to this opposition he details, step by step, the mode of treating the cord and navel pursued by him, with its attendant advantages. His objections to tying the cord at birth may be thus summed up: 1st. Ligation of the umbilical cord in the human infant is unnecessary, and for the following reasons; *a*, because it is not necessary on the birth of any other animal; *b*, because the supposed necessity for it, the prevention of hemorrhage, does not exist, as will become evident from a reference to the formation of the cord and the structure of its component vessels; as well as to the numerous recorded cases, in which no ligature was applied, and yet no fatal bleeding occurred; *c*, because to ligate for the sake of cleanliness is superfluous.

2d. Ligation of the umbilical cord is in many cases injurious. *a.* Because as has been shown in the text, it may be justly considered as the cause of *secondary hemorrhage* from the umbilicus. *b.* Because by preventing that flow of blood which should naturally take place from the umbilical vein, and thus giving rise to congestion of the liver—it produces *infantile jaundice*, and probably also *sclerema*. *c.* Because—by interfering with desiccation of the cord, and thus retarding its separation—it gives rise to *ulceration of the navel*, and not unfrequently *erysipelas*, *fungoid excrescence*, etc. *d.* Because—by maintaining the vessels of the funis in a state of congestion, it endangers the *inflammation of these vessels*, and also hinders their normal obliteration, thus laying a foundation for *umbilical phlebitis*, *erysipelas*, *jaundice*, *pyemia*, etc. *e.* Because—by preventing a normal escape of blood from the divided cord and thus causing *hepatic hyperæmia* and congestion of the portal vessels—it may lay the foundation for an innumerable list of serious maladies which, in the infant, would seem to be traceable to such congestion.

3d. That in some cases certainly, probably in not a few, ligation of the cord has been directly fatal. *a.* Because numerous instances of death are recorded, in which the fatal result was ascribed to ligation of the cord by the highest obstetrical authorities. *b.* Because it can be seen that in cases of still-born children the operation maintains the right ventricle in a state of distension—which otherwise would be relieved by a flow of blood from the hypogastric arteries—thus effectually preventing the renewal of the heart's action when it is stopped, or rendering the stoppage complete when it is about to cease. *c.* Because, in many instances, the child's life has been saved by the removal of the ligature, *when all other means had failed*.

Dr. K.'s management of the cord at birth, is, to wait before dividing the cord, until its pulsation has become feeble, or, when from any extraneous cause the separation of the child becomes necessary, to divide the cord below its pulsating portion, whether this be eight or ten inches from the navel, as the portion remaining may be shortened after the pulsation has ceased. The division should not be made with a sharp instrument, but with a pair of *dull* scissors, or what would be preferable with an *écraseur* constructed for the purpose. When the bleeding from the remaining end of the cord has ceased: the cord being very thick, with large vessels full of blood, and loaded with gelatinous matter, it is to be firmly held near the umbilicus with the finger and thumb of one hand, while by the other gentle efforts are to be made to squeeze out the blood, and the fluid portion of the gelatinous matter. The cord having in this manner been rendered flaccid and ribbon shaped, it is simply suffered to remain without any dressing whatever, hanging downwards, and resting on the abdomen of the infant.

While we are not prepared to dispute the accuracy of any of the statements made by Dr. K., we, at the same time, do not feel inclined to advise an abandonment of the practice of ligating the umbilical cord of the new-born infant. When done at the right time, and in the right manner, no possible harm can result from it. We have, on the other hand, certainly seen a hemorrhage to occur to an extent sufficient to produce at least pallor of the cheeks and lips, with diminished temperature of the surface, when the ligature has, from any cause, escaped from the funis in a new-born child.

D. F. C.

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ART. XLII.—*Syphilis and Local Contagious Disorders.* By BERKELEY HILL, M.B., Lond., F.R.C.S., Assistant Surgeon to University College Hospital; Teacher of the Use of Surgical Apparatus in University College, and Surgeon to Out-Patients at the Lock Hospital. 8vo. pp. 467. Philadelphia: Henry C. Lea, 1869.

This is an excellent work. The author is evidently thoroughly conversant with his subject, and has a happy facility in imparting his knowledge to others.

Our knowledge of venereal affections has made remarkable progress during the